

ARIZONA DEPARTMENT OF HEALTH SERVICES BUREAU OF STATE LABORATORY SERVICES

250 North 17th Avenue Phoenix, Arizona 85007 State Lab 602-364-3190 http://www.AZNewborn.com

ARIZONA NEWBORN SCREENING REPORT

Date

Infant's Name

Date of Birth Date of Collection

Date Received Mother's Name

Address City/St/Zip Phone

Physician Submitter : 05/13/2010

: 05/05/2010 @ 17:37 : 05/08/2010 @ 05:10

: 05/11/2010

Specimen Type* Lab Number

Patient Number Medical Record

Sex Race Birth Weight Transfused

Date Transfused+ Food Source

Kit Number

: First Screen

: 2010131 : 2010131

: Female : White

: No

: Breast & Lactose

SCREENING RESULTS

365

DISORDERS

Endocrine Disorders Hemoglobinopathies **Biotinidase Deficiency**

Galactosemia

Amino Acid Disorders Fatty Acid Oxidation Disorders

Organic Acid Disorders

Cystic Fibrosis

RESULTS

Normal

Normal Normal

Normal

Normal

Normal

Normal

CF not indicated by IRT

The purpose of the Arizona Department of Health Services Newborn Screening Program is to identify infants at increased risk for a variety of disorders. Since this is a screening test, the possibility of a false positive or negative result must be considered. The test may need to be repeated and diagnosis confirmed or ruled out by additional specialized studies. A negative screen does not rule out the possibility of a disorder. Health care providers should remain watchful for any signs or symptoms of these disorders with their patients.

^{***}Effective 9/28/09: Please note that birthweight ranges and cut-offs for CAH have been changed. Please refer to our website, www.aznewborn.com, for more information.

^{*}A second screen is required for all babies born in Arizona. If this specimen is the FIRST SCREEN, please collect an additional specimen at the first visit to a healthcare provider after discharge from the hospital or no later than five to ten days of age.

⁺ Unless transfusion is marked, the assumption is that the infant has not been transfused.